Image# 10991167787 097/4/6#20/180 18:33

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

Working America (b) Address (number and street)	1.		Organization or Corporation	o, moraumy daminou	Tromprom o	
(b) Address (number and street)			3			
815 16th St., NW (c) City, State and ZIP Code Washington DC 20006 2 Corporate filters only Is the filer a qualified nonprofit corporation?						
Washington DC 20006 Corporate filers only	,		d street)	viously reported		
Copporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation		(c) City, State and ZIP C	Code			
Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No Individual filers only Name of Employer Occupation		Washington	DC	20006		FEC Identification Number
Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 348-Hour Notice 348-H	2.	Corporate filers only				C C90011156
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice July 15 Quarterly Report 348-Hour Notice 48-Hour Notice July 15 Quarterly Report 48-Hour Notice 48-Hour Notice THROUGH 48-Hour Notice 48-Hour Notice 48-Hour Notice July 15 Quarterly Report 48-Hour Notice 48-Hour Notice THROUGH 48-Hour Notice 48-Hour Notice 48-Hour Notice July 15 Quarterly Report 48-Hour Notice 48-Hour Notice THROUGH 48-Hour Notice 48-Hour Notice 48-Hour Notice July 15 Quarterly Report 48-Hour Notice 48-Hour Notice THROUGH 48-Hour Notice 48-Hour Notice 48-Hour Notice July 15 Quarterly Report 48-Hour Notice 48-Hour Notice July 16 Quarterly Report 48-Hour Notice 48-Hour Notice July 16 Quarterly Report 48-Hour Notice 48-Hour Notice Ju			Is the filer a qualified nonprofit corpor	ration?	K No	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM O YOU YOU YOU YOU YOU YOU YOU YOU YOU Y		Individual filers only	Name of Employer		(Decupation
(a) April 15 Quarterly Report			rano or Employor			
(a) April 15 Quarterly Report						
July 15 Quarterly Report October Quarterly Report January 31 Year-End Report		4. TYPE OF RE	EPORT (check appropriate boxes):			
October Quarterly Report January 31 Year-End Report		(a) April	15 Quarterly Report	24-Hour Notice	X 48-Hour I	Notice
January 31 Year-End Report		☐ July 1	5 Quarterly Report			
January 31 Year-End Report		Octob	er Quarterly Report			
(b) Is this Report an amendment? Yes \(\sum \) No \(\subseteq \) 5. COVERING PERIOD: FROM \(\begin{array}{c} M_0 \\ 9 \end{array} \) \(\begin{array}{c} 1 \\ 5 \end{array} \) \(\begin{array}{c} \cdot			•			
5. COVERING PERIOD: FROM Mog / Dog / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Janua				
5. COVERING PERIOD: FROM Mog / Dog / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
THROUGH THROUGH THROUGH TO B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		(b) Is this Re	port an amendment? Yes \(\simeq \) No \(\simeq \)			
6. TOTAL CONTRIBUTIONS		5. COVERING	PERIOD: FROM 0 9 / D D 1 5	Y Y Y Y Y Y Y Y 2 0 1 0		
6. TOTAL CONTRIBUTIONS			THROL	GH		
7. TOTAL INDEPENDENT EXPENDITURES			M M D D D D D D D D D D D D D D D D D D	Y Y Y Y Y Y Y		
7. TOTAL INDEPENDENT EXPENDITURES						
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Liz Towne		6. TOTAL CON	TRIBUTIONS			0.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Liz Towne						1010.17
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Liz Towne 09/16/2010		7. TOTAL INDE	PENDENT EXPENDITURES			1816.17
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Liz Towne 09/16/2010						
Liz Towne 09/16/2010	red	quest or suggestion of, a candid	ate or a candidate's agent or authorized committee or	a political party committee or its a	gent. In addition, if t	the independent expenditures
	T	PE OR PRINT NAME O	F PERSON COMPLETING FORM	SIGNATURE		DATE
	Li	z Towne				09/16/2010
	_		ion of false, erroneous or incomplete informati	on may subject the person sig	gning this report t	

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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Working America		
Full Name (Last, First, Middle Initial) of Payee		Date
Jeremy Al-Haj		
Mailing Address 1501 Briarwood Cir. Dr.		M M / D D / Y Y Y Y Y Y Y Amount
City State	Zip Code	211.79
Ann Arbor MI	48104	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Salary and benefits	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER		President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	1923.84	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	<u> </u>	Date
Jeremy Al-Haj		
Mailing Address		0.9 1.5 2.010
1501 Briarwood Cir. Dr.		Amount
City State	Zip Code	25.00
Ann Arbor MI	48104	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Per diem	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER		President Oppose Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	1948.84	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Cara Alcantar		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Charlevoix St.		0.9 1.5 2.0.1.0 Amount
City State	Zip Code	273.28
Clawson MI	48017	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Salary and benefits	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:		President
MARK HAMILTON SCHAUER		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	1716.52	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		510.07
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

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NAME OF FILER (In Full)	
Working America	
Full Name (Last, First, Middle Initial) of Payee	Date
BP	
Mailing Address	0 9 / D D / Y Y Y Y Y
15024 Middlebelt Rd	Amount
City State Zip Code	22.01
Romulus MI 48174	
Purpose of Evranditure	Office Sought: V House Out MI
Gas Category/ Type	State:
1,700	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	President
W. W. W. T. W. WILL FOR GOT WOLFT	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee Theresa Cummings	Date
<u> </u>	M M / D D / Y Y Y Y Y Y 15 2010
Mailing Address	Amount
11368 Asbury Park	
City State Zip Code	125.66
Detroit MI 48227	
Purpose of Expenditure Category/	Office Sought: X House State: MI
Salary and benefits Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 07
MARK HAMILTON SCHAUER	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 753.96	2010
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Dollar Rental	M M / D D / Y Y Y Y
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
100 N. Fifth Street	Amount
City State Zip Code	77.50
Detroit MI 48242	
Purpose of Evpanditure	Office Sought: Y House Coast MI
Category/ Car rental Type	State: IVII
1,160	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	
W. W. W. C. I. W. WILL FOR GOTH MOEIT	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 697.50	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	225.17
(a) SOBTOTAL OF Itemized independent Experiations	
(b) SUBTOTALof Unitemized Independent Expenditures	
(a) GGD 1017ED GIROTHEOG INCOPORTION EXPONENTIAL CONTINUES OF THE CONTINUE	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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Working America	
Full Name (Last, First, Middle Initial) of Payee	Date
Marcel Duvoix	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 N. Congress St., Apt #5	0 9 1 5 2 0 1 0 Amount
City State Zip Code	125.66
Ypsilanti MI 48197	
Purpose of Expenditure Category/	Office Sought: X House State: MI
Salary and benefits Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 753.96	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Anthony Ewell	M M / D D / Y Y Y Y Y Y 15 15 2010
Mailing Address	
18578 Lumpkin	Amount
City State Zip Code	125.66
Detroit MI 48234	
Purpose of Expenditure Category/	Office Sought: House State: PA
Salary and benefits Type	Senate X Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	President Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Extended Stay America	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1501 Briarwood Cir	0.9 1.5 2.0.1.0 Amount
1501 Briarwood Cir	43.99
City State Zip Code Ann Arbor MI 48108	40.00
Purpose of Expenditure Category/	Office Sought: X House State: MI
Lodging Type	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
MARK HAMILTON SCHAUER	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 1143.74	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	295.31
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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Working America					
Full Name (Last, First, Middle Initial) of Payee Extended Stay America			Date M M / D D / Y Y Y Y		
Mailing Address 1501 Briarwood Cir			Amount P D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Ann Arbor	State MI	Zip Code 48108	43.99		
Purpose of Expenditure Lodging		Category/ Type	Office Sought: X House State: MI House Senate District: 07		
Name of Federal Candidate Supported or Opposed by MARK HAMILTON SCHAUER	/ Expenditure		President Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought		1187.73	Disbursement For: Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee Jamil Khalid			Date M M / D D / Y Y Y Y		
Mailing Address 41166 Wyndchase			Amount		
City Canton	State MI	Zip Code 48188	125.66		
Purpose of Expenditure Salary and benefits		Category/ Type	Office Sought: X House State: MI House Senate District: 07		
Name of Federal Candidate Supported or Opposed by MARK HAMILTON SCHAUER	/ Expenditure	:	Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought		376.98	Disbursement For: Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee Kevin Litten			Date Date D		
Mailing Address 1501 Briarwood Cir. Dr.			Amount		
City Ann Arbor	State MI	Zip Code 48104	25.00		
Purpose of Expenditure Per diem		Category/ Type	Office Sought: X House State: MI House Senate District: 07		
Name of Federal Candidate Supported or Opposed by MARK HAMILTON SCHAUER	/ Expenditure	: 	Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought		1230.05	Disbursement For: Primary X General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTALof Unitemized Independent Expenditure	res				
(c) TOTAL Independent Expenditures					

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NAME OF FILER (In Full)	1
Working America	
Full Name (Last, First, Middle Initial) of Payee	Dete
Kevin Litten	Date
	0 9 1 5 2 0 1 0
Mailing Address 1501 Briarwood Cir. Dr.	Amount
1301 Briarwood Cir. Dr.	
City State Zip	Code 176.51
Ann Arbor MI 48	104
Purpose of Expenditure Category	ory/ Office Sought: X House State: MI
Salary and benefits Tyl	De House Senate
	President District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	
WALLET DIVISOR WILLIAM	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought	1406.56 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Office Depot	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	
800 Eisenhower	Amount
City State Zip	0 Code 6.74
1 .	103
Durnose of Evpanditure	Office Squaht:
Office supplies Category Typ	State:
.,	District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK HAMILTON SCHAUER	Check One: X Support Oppose
Orberto Vere To Date Des Floritos	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	6.74 2010 Cother (specify)
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Paul Sowa	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	
801 N. Congress St.	Amount
Apt. 5 City State Zip) Code 125.66
The state of the s	197
Diverses of Evenerality vs	Office Sought: Y House Courts MI
Salary and benefits Category Typ	State:
	District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: MARK HAMILTON SCHAUER	President
WARK HAWILTON SCHAUER	Check One: X Support Oppose
Colonday Vacy To Data Day Floation	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	502.64 2010 Cother (specify)
16. Cilioo Googiit	
	308.91
(a) SUBTOTAL of Itemized Independent Expenditures	306.91
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	
(carry total from last page forward to Line 7)	

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Working America		
Full Name (Last, First, Middle Initial) of Payee		Date
Lynelle Stewart		M M / D D / Y Y Y Y Y Y 15 15 2010
Mailing Address 36115 Bibbins St.		0 9 1 5 2 0 1 0 Amount
City State	Zip Code	164.75
Romulus MI	48174	
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Salary and benefits	Туре	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure MARK HAMILTON SCHAUER	:	Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	1011.78	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Thrifty Car Rental		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
334 Lucas Dr.		34.46
City State	Zip Code	34.40
Detroit MI	48242	
Purpose of Expenditure Car rental	Category/	Office Sought: X House State: MI
	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure MARK HAMILTON SCHAUER	: :	Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	122.58	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Twin Cities Airport Taxi		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9217 17th Ave S #212		0.9 1.5 2.0.1.0 Amount
9217 17th Ave 5 #212		37.85
City State Minneapolis MN	Zip Code 55425	0.00
Purpose of Expenditure	Category/	Office Sought: X House State: MI
Gas	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure	e:	President
MARK HAMILTON SCHAUER		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	37.85	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		237.06
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

Image# 10991167794 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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TEMIZED INDEPENDENT EXPENDITU	IRES			FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)				
Working America				
Full Name (Last, First, Middle Initial) of Payee	Full Name (Last, First, Middle Initial) of Payee David Wehde			
			0.9	/ D D / Y Y Y Y Y Y 15
Mailing Address 3126 Oakland Ave S.			Amount	10 2010
				45.00
City Minneapolis	State MN	Zip Code 55407		10.00
Purpose of Expenditure			Office Sought:	/ House MI
Per diem		Category/ Type	House	House State: MI Senate
Name of Federal Candidate Supported or Opposed by Expenditure:				President District: 07
MARK HAMILTON SCHAUER			Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary X General
		135.00	2010 Other (specify)	,
•				17.00
(a) SUBTOTAL of Itemized Independent Exper	nditures			45.00
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				1816.17
(carry total from last page forward t				